

Child Life Practicum Application

Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact Name and Phone #: _____

College/University: _____

Degree: _____ Graduation Date: _____ GPA: _____

Total Hours of Experience Working with Children: _____

Essay Questions:

1. Explain your understanding of the role of a child life specialist in the healthcare setting.
2. What are 3 strengths and 3 weaknesses that will impact your experience as a child life practicum student?
3. Describe what experiences you have had to prepare for this practicum and what do you hope to gain?
4. Please list 2-3 goals for this practicum

Enclosed is my complete practicum application packet:

_____ Application Form

_____ Current Resume

_____ Most recent unofficial college or university transcript(s)

____ Two letters of recommendations (at least one reference must have directly observed your work with children in any setting). These **MUST** be signed, scanned, and emailed directly from the reference to krystian.hudson@chkd.org

By signing below, you acknowledge the following:

I understand I will not be notified of receipt of this application, and it is the sole responsibility of the applicant to request an update on application status if desired. I acknowledge this application does not guarantee an interview or a position as practicum student will be offered. I understand if my application packet is incomplete, I will not be considered for the practicum program.

Signature _____ **Date** _____

Submission:

All application materials must be submitted together and e-mailed to:
Mikaila Hudson at krystian.hudson@chkd.org

Please email or call 757-668-9032 with questions.